Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: MARK ANTHONY DISHMAN 19534 WILLABY ROAD NEW CANEY, TX 77357	MFDR Tracking #: M4-11-2787-01 DWC Claim #: Injured Employee:
Respondent Name and Box #: AMERICAN CASUALTY CO OF READIN Box #: 47	Date of Injury: Employer Name: Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Went to same doctor's office located at 705 E. Houston St, Cleveland, TX 77327. A doctors that worked for Delaflor-Weiss, Rafael wrote prescriptions which I paid for, with understanding I would be reimbursed by Adjuster Debra Line, CNA. Prescriptions Print Out from Pharmacy is attached. "

Amount in Dispute: $924.26

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Because the claimant did not timely file this MDR, he has waived his right to MDR per Rule 133.307(c)(1)."

Response Submitted by: Law Office of Brian J. Judis, 600 N. Pear, Ste. 1450, Dallas, TX 75201

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
09/11/08 – 08/21/09	Out-of-Pocket expenses	N/A	$924.26	$0.00
			Total Due:	$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for injured employees to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §133.270 sets out the procedures for injured employees to submit workers' compensation out of pocket expenses for reimbursement.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits were not submitted by either party.

Issues

1. Did the requestor submit the out-of-pocket expenses in dispute timely and in accordance with 28 Tex. Admin. Code §133.307(c)(1)(A)?

Findings

Pursuant to 28 Tex. Admin. Code §133.307(c)(1)(A) A request for medical fee dispute resolution that does not involve

issues identified in subparagraph (B), which addresses compensability, extent of injury or liability, of this paragraph shall be filed no later than one year after the date(s) of service in dispute. The Requestor did not submit the disputed dates of service in a timely manner. Therefore, in accordance with 28 Tex. Admin. Code §133.307(e)(3)(E) the request for medical fee dispute resolution is untimely.

Conclusion

For the reason stated above the Division cannot review the merits of the dispute. As a result, the amount ordered is $0.00.

PART VI: DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature	Medical Fee Dispute Resolution Officer	Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.